

PUBLIC HEALTH CODE (EXCERPT)

Act 368 of 1978

PART 170

MEDICINE

333.17001 Definitions; principles of construction.

Sec. 17001. (1) As used in this part:

(a) "Academic institution" means either of the following:

(i) A medical school approved by the board.

(ii) A hospital licensed under article 17 that meets all of the following requirements:

(A) Was the sole sponsor or a co-sponsor, if each other co-sponsor is either a medical school approved by the board or a hospital owned by the federal government and directly operated by the United States department of veterans' affairs, of not less than 4 postgraduate education residency programs approved by the board under section 17031(1) for not less than the 3 years immediately preceding the date of an application for a limited license under section 16182(2)(c) or an application for a full license under section 17031(2), provided that at least 1 of the residency programs is in the specialty area of medical practice, or in a specialty area that includes the subspecialty of medical practice, in which the applicant for a limited license proposes to practice or in which the applicant for a full license has practiced for the hospital.

(B) Has spent not less than \$2,000,000.00 for medical education during each of the 3 years immediately preceding the date of an application for a limited license under section 16182(2)(c) or an application for a full license under section 17031(2). As used in this subparagraph, "medical education" means the education of physicians and candidates for degrees or licenses to become physicians, including, but not limited to, physician staff, residents, interns, and medical students.

(b) "Electrodiagnostic studies" means the testing of neuromuscular functions utilizing nerve conduction tests and needle electromyography. It does not include the use of surface electromyography.

(c) "Medical care services" means those services within the scope of practice of physicians licensed by the board, except those services that the board determines shall not be delegated by a physician without endangering the health and safety of patients as provided for in section 17048(3).

(d) "Physician" means an individual licensed under this article to engage in the practice of medicine.

(e) "Podiatrist" means an individual licensed under this article to engage in the practice of podiatric medicine and surgery.

(f) "Practice of medicine" means the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts.

(g) "Practice as a physician's assistant" means the practice of medicine, osteopathic medicine and surgery, or podiatric medicine and surgery performed under the supervision of a physician or podiatrist licensed under this article.

(h) "Supervision" means that term as defined in section 16109, except that it also includes the existence of a predetermined plan for emergency situations, including, but not limited to, the designation of a physician to supervise a physician's assistant in the absence of the primary supervising physician.

(i) "Task force" means the joint task force created in section 17025.

(2) In addition to the definitions in this part, article 1 contains definitions and principles of construction applicable to all articles in this code and part 161 contains definitions applicable to this part.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1990, Act 247, Imd. Eff. Oct. 12, 1990;—Am. 1990, Act 248, Imd. Eff. Oct. 12, 1990;—Am. 2005, Act 264, Eff. Mar. 30, 2006;—Am. 2006, Act 161, Eff. Nov. 26, 2006.

Compiler's note: For transfer of powers and duties of certain health-related functions, boards, and commissions from the Department of Licensing and Regulation to the Department of Commerce, see E.R.O. No. 1991-9, compiled at MCL 338.3501 of the Michigan Compiled Laws.

Popular name: Act 368

333.17008 Physician's assistant; health profession subfield.

Sec. 17008. Practice as a physician's assistant is a health profession subfield of the practice of medicine, osteopathic medicine and surgery, and podiatric medicine and surgery.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2006, Act 161, Eff. Nov. 26, 2006.

Popular name: Act 368

333.17011 License or authorization required; granting license to individuals meeting certain requirements; prohibition; conditions for granting license; use of words, titles, or letters.

Sec. 17011. (1) An individual shall not engage in the practice of medicine or practice as a physician's assistant unless licensed or otherwise authorized by this article. An individual shall not engage in teaching or research that requires the practice of medicine unless the individual is licensed or otherwise authorized by this article.

(2) Notwithstanding section 16145 or rules promulgated under that section, the board may grant a license to an individual who meets the requirements of section 16186 or 17031(2) after reviewing the applicant's record of practice, experience, and credentials and determining that the applicant is competent to practice medicine.

(3) For individuals applying for licensure under section 16186, the board shall not impose requirements on graduates of medical schools located outside the United States or Canada that exceed the requirements imposed on graduates of medical schools located in the United States or Canada.

(4) Notwithstanding section 16145 or rules promulgated under that section, the board may grant a license in accordance with section 16186 after determining that each of the following conditions is satisfied:

(a) The applicant has disclosed that a sanction is in force against him or her as described in section 16174(2)(b) and considering the reasons for the sanction and the applicant's record of practice, experience, credentials, and competence to engage in the practice of medicine, that sanction should not prevent the applicant from being granted a license in this state.

(b) The sanction imposed by the other state is not permanent.

(c) The sanction imposed by the other state was not the result of a patient safety violation.

(d) If the applicant was required by the state that imposed the sanction to participate in and complete a probationary period or treatment plan as a condition of the continuation of his or her licensure, the applicant did not complete the probationary period or treatment plan because the applicant ceased engaging in the practice of medicine in that state.

(e) As a condition of licensure under this subsection, the applicant voluntarily agrees to complete a probationary period or treatment plan, the terms of which are no less stringent than those imposed by the state that imposed the sanction.

(5) Except as otherwise provided in this subsection, the following words, titles, or letters or a combination thereof, with or without qualifying words or phrases, are restricted in use only to those individuals authorized under this part to use the terms and in a way prescribed in this part: "doctor of medicine", "m.d.", "physician's assistant", and "p.a.". Notwithstanding section 16261, an individual who was specially trained at an institution of higher education in this state to assist a physician in the field of orthopedics and, upon completion of training, received a 2-year associate of science degree as an orthopedic physician's assistant before January 1, 1977 may use the title "orthopedic physician's assistant" whether or not the individual is licensed under this part.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1980, Act 2, Imd. Eff. Feb. 6, 1980;—Am. 1990, Act 248, Imd. Eff. Oct. 12, 1990;—Am. 1993, Act 79, Eff. Apr. 1, 1994;—Am. 2006, Act 385, Imd. Eff. Sept. 27, 2006;—Am. 2006, Act 398, Imd. Eff. Sept. 27, 2006.

Popular name: Act 368

333.17012 Postgraduate medical study requiring practice of medicine; full or limited license required; requirements of limited license; training; renewing limited license.

Sec. 17012. (1) An individual shall not engage in postgraduate medical study which requires the practice of medicine by that individual without a full or limited license to practice under this part.

(2) A limited license for a postgraduate shall require that the individual confine his or her practice and training to a hospital or institution approved by the board for the training. The hospital or institution is responsible for the training. A limited license for a postgraduate is renewable for not more than 5 years.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.17013 Alternative methods of treatment of breast cancer; duty of physician to inform patient; standardized written summary or brochure; form; civil action.

Sec. 17013. (1) Beginning November 6, 1986, a physician who is administering the primary treatment for breast cancer to a patient who has been diagnosed as having breast cancer shall inform the patient, orally and in writing, about alternative methods of treatment of the cancer, including surgical, radiological, or chemotherapeutic treatments, or any other generally accepted medical treatment. The physician also shall inform the patient about the advantages, disadvantages, and risks of each method of treatment and about the

procedures involved in each method of treatment.

(2) If a patient receives a standardized written summary or brochure, as described in this subsection or subsection (3), the physician shall be in full compliance with this section, including both the written and oral requirements. The standardized written summary:

(a) Shall be developed by the department of public health in cooperation with the chronic disease advisory committee.

(b) Shall be drafted in nontechnical terms that the patient can understand.

(c) Shall inform the patient about alternative methods of treatment of breast cancer, including surgical, radiological, or chemotherapeutic treatments, or any other generally accepted medical treatment.

(d) Shall inform the patient about the advantages, disadvantages, and risks of each method of treatment and about the procedures involved in each method of treatment.

(e) The standardized written summary or a brochure described in subsection (3), or both, shall be made available to physicians through the Michigan board of medicine and the Michigan board of osteopathic medicine and surgery. The Michigan board of medicine and the Michigan board of osteopathic medicine and surgery shall notify in writing all physicians subject to this section of the requirements of this section and the availability of the standardized written summary by October 16, 1986.

(3) For purposes of subsection (2), a physician may use a brochure which contains information substantially similar to that contained in the standardized written summary developed by the department of public health and which is approved by the department of public health.

(4) The department of public health, after consultation with appropriate professional organizations, shall develop the standardized written summary required by subsection (2) by October 6, 1986.

(5) A form, signed by the patient, indicating that the patient has been given a copy of the brochure or the standardized written summary shall be included in the patient's medical record.

(6) A physician's duty to inform a patient under this section does not require disclosure of information beyond what a reasonably well-qualified physician licensed under this article would know.

(7) A patient who signs a form pursuant to subsection (5) shall be barred from subsequently bringing a civil action against the physician providing the summary or brochure described in subsection (2) and (3) based on failure to obtain informed consent, but only in regard to information pertaining to alternative forms of treatment of breast cancer, and the advantages, disadvantages, and risks of each method.

History: Add. 1986, Act 195, Imd. Eff. July 8, 1986;—Am. 1989, Act 15, Imd. Eff. May 15, 1989.

Popular name: Act 368

333.17014 Legislative findings.

Sec. 17014. The legislature recognizes that under federal constitutional law, a state is permitted to enact persuasive measures that favor childbirth over abortion, even if those measures do not further a health interest. Sections 17015 and 17515 are nevertheless designed to provide objective, truthful information, and are not intended to be persuasive. The legislature finds that the enactment of sections 17015 and 17515 is essential for all of the following reasons:

(a) The knowledgeable exercise of a woman's decision to have an abortion depends on the extent to which the woman receives sufficient information to make an informed choice regarding abortion.

(b) The decision to obtain an abortion is an important and often stressful one, and it is in the state's interest that the decision be made with full knowledge of its nature and consequences.

(c) Enactment of sections 17015 and 17515 is necessary to ensure that, before an abortion, a woman is provided information regarding her available alternatives, and to ensure that a woman gives her voluntary and informed consent to an abortion.

(d) The receipt of accurate information about abortion and its alternatives is essential to the physical and psychological well-being of a woman considering an abortion.

(e) Because many abortions in this state are performed in clinics devoted solely to providing abortions, women who seek abortions at these clinics normally do not have a prior patient-physician relationship with the physician performing the abortion nor do these women continue a patient-physician relationship with the physician after the abortion. In many instances, the woman's only actual contact with the physician performing the abortion occurs simultaneously with the abortion procedure, with little opportunity to receive counsel concerning her decision. Consequently, certain safeguards are necessary to protect a woman's opportunity to select the option best suited to her particular situation.

(f) This state has an interest in protecting women and, subject to United States constitutional limitations and supreme court decisions, this state has an interest in protecting the fetus.

(g) Providing a woman with factual, medical, and biological information about the fetus she is carrying is essential to safeguard the state's interests described in subdivision (f). The dissemination of the information

set forth in sections 17015 and 17515 is necessary due to the irreversible nature of the act of abortion and the often stressful circumstances under which the abortion decision is made.

(h) Because abortion services are marketed like many other commercial enterprises, and nearly all abortion providers advertise some free services, including pregnancy tests and counseling, the legislature finds that consumer protection should be extended to women contemplating an abortion decision by delaying any financial transactions until after a 24-hour waiting period. Furthermore, since the legislature and abortion providers have determined that a woman's right to give informed consent to an abortion can be protected by means other than the patient having to travel to the abortion facility during the 24-hour waiting period, the legislature finds that abortion providers do not have a legitimate claim of necessity in obtaining payments during the 24-hour waiting period.

(i) The safeguards that will best protect a woman seeking advice concerning abortion include the following:

(i) Private, individual counseling, including dissemination of certain information, as the woman's individual circumstances dictate, that affect her decision of whether to choose an abortion.

(ii) A 24-hour waiting period between a woman's receipt of that information provided to assist her in making an informed decision, and the actual performance of an abortion, if she elects to undergo an abortion. A 24-hour waiting period affords a woman, in light of the information provided by the physician or a qualified person assisting the physician, an opportunity to reflect on her decision and to seek counsel of family and friends in making her decision.

(j) The safeguards identified in subdivision (i) advance a woman's interests in the exercise of her discretion to choose or not to choose an abortion, and are justified by the objectives and interests of this state to protect the health of a pregnant woman and, subject to United States constitutional limitations and supreme court decisions, to protect the fetus.

History: Add. 1993, Act 133, Eff. Apr. 1, 1994;—Am. 2002, Act 685, Eff. Mar. 31, 2003.

Popular name: Act 368

Popular name: Informed Consent

333.17015 Informed consent; definitions; duties of physician or assistant; location; disclosure of information; website maintained and operated by department; view of ultrasound; medical emergency necessitating abortion; duties of department; physician's duty to inform patient; validity of consent or certification form; right to abortion not created; prohibition; portion of act found invalid; duties of local health department; confidentiality.

Sec. 17015. (1) Subject to subsection (10), a physician shall not perform an abortion otherwise permitted by law without the patient's informed written consent, given freely and without coercion.

(2) For purposes of this section:

(a) "Abortion" means the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. Abortion does not include the use or prescription of a drug or device intended as a contraceptive.

(b) "Fetus" means an individual organism of the species *homo sapiens* in utero.

(c) "Local health department representative" means a person, who meets 1 or more of the licensing requirements listed in subdivision (f) and who is employed by, or under contract to provide services on behalf of, a local health department.

(d) "Medical emergency" means that condition which, on the basis of the physician's good faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function.

(e) "Medical service" means the provision of a treatment, procedure, medication, examination, diagnostic test, assessment, or counseling, including, but not limited to, a pregnancy test, ultrasound, pelvic examination, or an abortion.

(f) "Qualified person assisting the physician" means another physician or a physician's assistant licensed under this part or part 175, a fully licensed or limited licensed psychologist licensed under part 182, a professional counselor licensed under part 181, a registered professional nurse or a licensed practical nurse licensed under part 172, or a social worker licensed under part 185.

(g) "Probable gestational age of the fetus" means the gestational age of the fetus at the time an abortion is planned to be performed.

(h) "Provide the patient with a physical copy" means confirming that the patient accessed the internet website described in subsection (5) and received a printed valid confirmation form from the website and including that form in the patient's medical record or giving a patient a copy of a required document by 1 or more of the following means:

- (i) In person.
- (ii) By registered mail, return receipt requested.
- (iii) By parcel delivery service that requires the recipient to provide a signature in order to receive delivery of a parcel.
- (iv) By facsimile transmission.

(3) Subject to subsection (10), a physician or a qualified person assisting the physician shall do all of the following not less than 24 hours before that physician performs an abortion upon a patient who is a pregnant woman:

(a) Confirm that, according to the best medical judgment of a physician, the patient is pregnant, and determine the probable gestational age of the fetus.

(b) Orally describe, in language designed to be understood by the patient, taking into account her age, level of maturity, and intellectual capability, each of the following:

- (i) The probable gestational age of the fetus she is carrying.
- (ii) Information about what to do and whom to contact should medical complications arise from the abortion.

(iii) Information about how to obtain pregnancy prevention information through the department of community health.

(c) Provide the patient with a physical copy of the written summary described in subsection (11)(b) that corresponds to the procedure the patient will undergo and is provided by the department of community health. If the procedure has not been recognized by the department, but is otherwise allowed under Michigan law, and the department has not provided a written summary for that procedure, the physician shall develop and provide a written summary that describes the procedure, any known risks or complications of the procedure, and risks associated with live birth and meets the requirements of subsection (11)(b)(iii) through (vii).

(d) Provide the patient with a physical copy of a medically accurate depiction, illustration, or photograph and description of a fetus supplied by the department of community health pursuant to subsection (11)(a) at the gestational age nearest the probable gestational age of the patient's fetus.

(e) Provide the patient with a physical copy of the prenatal care and parenting information pamphlet distributed by the department of community health under section 9161.

(4) The requirements of subsection (3) may be fulfilled by the physician or a qualified person assisting the physician at a location other than the health facility where the abortion is to be performed. The requirement of subsection (3)(a) that a patient's pregnancy be confirmed may be fulfilled by a local health department under subsection (18). The requirements of subsection (3) cannot be fulfilled by the patient accessing an internet website other than the internet website described in subsection (5) that is maintained through the department.

(5) The requirements of subsection (3)(c) through (e) may be fulfilled by a patient accessing the internet website maintained and operated through the department and receiving a printed, valid confirmation form from the website that the patient has reviewed the information required in subsection (3)(c) through (e) at least 24 hours before an abortion being performed on the patient. The website shall not require any information be supplied by the patient. The department shall not track, compile, or otherwise keep a record of information that would identify a patient who accesses this website. The patient shall supply the valid confirmation form to the physician or qualified person assisting the physician to be included in the patient's medical record to comply with this subsection.

(6) Subject to subsection (10), before obtaining the patient's signature on the acknowledgment and consent form, a physician personally and in the presence of the patient shall do all of the following:

(a) Provide the patient with the physician's name and inform the patient of her right to withhold or withdraw her consent to the abortion at any time before performance of the abortion.

(b) Orally describe, in language designed to be understood by the patient, taking into account her age, level of maturity, and intellectual capability, each of the following:

(i) The specific risk, if any, to the patient of the complications that have been associated with the procedure the patient will undergo, based on the patient's particular medical condition and history as determined by the physician.

(ii) The specific risk of complications, if any, to the patient if she chooses to continue the pregnancy based on the patient's particular medical condition and history as determined by a physician.

(7) To protect a patient's privacy, the information set forth in subsection (3) and subsection (6) shall not be disclosed to the patient in the presence of another patient.

(8) If at any time prior to the performance of an abortion, a patient undergoes an ultrasound examination, or a physician determines that ultrasound imaging will be used during the course of a patient's abortion, the physician or qualified person assisting the physician shall provide the patient with the opportunity to view or decline to view an active ultrasound image of the fetus, and offer to provide the patient with a physical picture of the ultrasound image of the fetus prior to the performance of the abortion. Before performing an abortion on a patient who is a pregnant woman, a physician or a qualified person assisting the physician shall do all of the following:

(a) Obtain the patient's signature on the acknowledgment and consent form described in subsection (11)(c) confirming that she has received the information required under subsection (3).

(b) Provide the patient with a physical copy of the signed acknowledgment and consent form described in subsection (11)(c).

(c) Retain a copy of the signed acknowledgment and consent form described in subsection (11)(c) and, if applicable, a copy of the pregnancy certification form completed under subsection (18)(b), in the patient's medical record.

(9) This subsection does not prohibit notifying the patient that payment for medical services will be required or that collection of payment in full for all medical services provided or planned may be demanded after the 24-hour period described in this subsection has expired. A physician or an agent of the physician shall not collect payment, in whole or in part, for a medical service provided to or planned for a patient before the expiration of 24 hours from the time the patient has done either or both of the following, except in the case of a physician or an agent of a physician receiving capitated payments or under a salary arrangement for providing those medical services:

(a) Inquired about obtaining an abortion after her pregnancy is confirmed and she has received from that physician or a qualified person assisting the physician the information required under subsection (3)(c) and (d).

(b) Scheduled an abortion to be performed by that physician.

(10) If the attending physician, utilizing his or her experience, judgment, and professional competence, determines that a medical emergency exists and necessitates performance of an abortion before the requirements of subsections (1), (3), and (6) can be met, the physician is exempt from the requirements of subsections (1), (3), and (6), may perform the abortion, and shall maintain a written record identifying with specificity the medical factors upon which the determination of the medical emergency is based.

(11) The department of community health shall do each of the following:

(a) Produce medically accurate depictions, illustrations, or photographs of the development of a human fetus that indicate by scale the actual size of the fetus at 2-week intervals from the fourth week through the twenty-eighth week of gestation. Each depiction, illustration, or photograph shall be accompanied by a printed description, in nontechnical English, Arabic, and Spanish, of the probable anatomical and physiological characteristics of the fetus at that particular state of gestational development.

(b) Subject to subdivision (g), develop, draft, and print, in nontechnical English, Arabic, and Spanish, written standardized summaries, based upon the various medical procedures used to abort pregnancies, that do each of the following:

(i) Describe, individually and on separate documents, those medical procedures used to perform abortions in this state that are recognized by the department.

(ii) Identify the physical complications that have been associated with each procedure described in subparagraph (i) and with live birth, as determined by the department. In identifying these complications, the department shall consider the annual statistical report required under section 2835(6), and shall consider studies concerning complications that have been published in a peer review medical journal, with particular attention paid to the design of the study, and shall consult with the federal centers for disease control, the American college of obstetricians and gynecologists, the Michigan state medical society, or any other source that the department determines appropriate for the purpose.

(iii) State that as the result of an abortion, some women may experience depression, feelings of guilt, sleep disturbance, loss of interest in work or sex, or anger, and that if these symptoms occur and are intense or persistent, professional help is recommended.

(iv) State that not all of the complications listed in subparagraph (ii) may pertain to that particular patient and refer the patient to her physician for more personalized information.

(v) Identify services available through public agencies to assist the patient during her pregnancy and after the birth of her child, should she choose to give birth and maintain custody of her child.

(vi) Identify services available through public agencies to assist the patient in placing her child in an adoptive or foster home, should she choose to give birth but not maintain custody of her child.

(vii) Identify services available through public agencies to assist the patient and provide counseling should

she experience subsequent adverse psychological effects from the abortion.

(c) Develop, draft, and print, in nontechnical English, Arabic, and Spanish, an acknowledgment and consent form that includes only the following language above a signature line for the patient:

"I, _____, hereby authorize Dr. _____ ("the physician") and any assistant designated by the physician to perform upon me the following operation(s) or procedure(s):

(Name of operation(s) or procedure(s))

I understand that I am approximately _____ weeks pregnant. I consent to an abortion procedure to terminate my pregnancy. I understand that I have the right to withdraw my consent to the abortion procedure at any time prior to performance of that procedure. I acknowledge that at least 24 hours before the scheduled abortion I have received a physical copy of each of the following:

(a) A medically accurate depiction, illustration, or photograph of a fetus at the probable gestational age of the fetus I am carrying.

(b) A written description of the medical procedure that will be used to perform the abortion.

(c) A prenatal care and parenting information pamphlet. If any of the above listed documents were transmitted by facsimile, I certify that the documents were clear and legible. I acknowledge that the physician who will perform the abortion has orally described all of the following to me:

(i) The specific risk to me, if any, of the complications that have been associated with the procedure I am scheduled to undergo.

(ii) The specific risk to me, if any, of the complications if I choose to continue the pregnancy.

I acknowledge that I have received all of the following information:

(d) Information about what to do and whom to contact in the event that complications arise from the abortion.

(e) Information pertaining to available pregnancy related services.

I have been given an opportunity to ask questions about the operation(s) or procedure(s). I certify that I have not been required to make any payments for an abortion or any medical service before the expiration of 24 hours after I received the written materials listed in paragraphs (a), (b), and (c) above, or 24 hours after the time and date listed on the confirmation form if paragraphs (a), (b), and (c) were viewed from the state of Michigan internet website."

(d) Make available to physicians through the Michigan board of medicine and the Michigan board of osteopathic medicine and surgery, and any person upon request the copies of medically accurate depictions, illustrations, or photographs described in subdivision (a), the standardized written summaries described in subdivision (b), the acknowledgment and consent form described in subdivision (c), the prenatal care and parenting information pamphlet described in section 9161, and the pregnancy certification form described in subdivision (f).

(e) The department shall not develop written summaries for abortion procedures under subdivision (b) that utilize medication that has not been approved by the United States food and drug administration for use in performing an abortion.

(f) Develop, draft, and print a certification form to be signed by a local health department representative at the time and place a patient has a pregnancy confirmed, as requested by the patient, verifying the date and time the pregnancy is confirmed.

(g) Develop and maintain an internet website that allows a patient considering an abortion to review the information required in subsection (3)(c) through (e). After the patient reviews the required information, the department shall assure that a confirmation form can be printed by the patient from the internet website that will verify the time and date the information was reviewed. A confirmation form printed under this subdivision becomes invalid 14 days after the date and time printed on the confirmation form.

(h) Include on the informed consent website developed under subdivision (g) a list of health care providers, facilities, and clinics that offer to perform ultrasounds free of charge. The list shall be organized geographically and shall include the name, address, and telephone number of each health care provider, facility, and clinic.

(12) A physician's duty to inform the patient under this section does not require disclosure of information beyond what a reasonably well-qualified physician licensed under this article would possess.

(13) A written consent form meeting the requirements set forth in this section and signed by the patient is presumed valid. The presumption created by this subsection may be rebutted by evidence that establishes, by a preponderance of the evidence, that consent was obtained through fraud, negligence, deception, misrepresentation, coercion, or duress.

(14) A completed certification form described in subsection (11)(f) that is signed by a local health

department representative is presumed valid. The presumption created by this subsection may be rebutted by evidence that establishes, by a preponderance of the evidence, that the physician who relied upon the certification had actual knowledge that the certificate contained a false or misleading statement or signature.

(15) This section does not create a right to abortion.

(16) Notwithstanding any other provision of this section, a person shall not perform an abortion that is prohibited by law.

(17) If any portion of this act or the application of this act to any person or circumstances is found invalid by a court, that invalidity does not affect the remaining portions or applications of the act that can be given effect without the invalid portion or application, if those remaining portions are not determined by the court to be inoperable.

(18) Upon a patient's request, each local health department shall:

(a) Provide a pregnancy test for that patient to confirm the pregnancy as required under subsection (3)(a) and determine the probable gestational stage of the fetus. The local health department need not comply with this subdivision if the requirements of subsection (3)(a) have already been met.

(b) If a pregnancy is confirmed, ensure that the patient is provided with a completed pregnancy certification form described in subsection (11)(f) at the time the information is provided.

(19) The identity and address of a patient who is provided information or who consents to an abortion pursuant to this section is confidential and is subject to disclosure only with the consent of the patient or by judicial process.

(20) A local health department with a file containing the identity and address of a patient described in subsection (19) who has been assisted by the local health department under this section shall do both of the following:

(a) Only release the identity and address of the patient to a physician or qualified person assisting the physician in order to verify the receipt of the information required under this section.

(b) Destroy the information containing the identity and address of the patient within 30 days after assisting the patient under this section.

History: Add. 1993, Act 133, Eff. Apr. 1, 1994;—Am. 2000, Act 345, Eff. Mar. 28, 2001;—Am. 2002, Act 685, Eff. Mar. 31, 2003;—Am. 2006, Act 77, Imd. Eff. Mar. 24, 2006.

Popular name: Act 368

Popular name: Informed Consent

333.17016 Performance of partial-birth abortion prohibited.

Sec. 17016. (1) Except as otherwise provided in subsection (2), a physician or an individual performing an act, task, or function under the delegatory authority of a physician shall not perform a partial-birth abortion, even if the abortion is otherwise permitted by law.

(2) A physician or an individual described in subsection (1) may perform a partial-birth abortion if the physician or other individual reasonably believes that performing the partial-birth abortion is necessary to save the life of a pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury and that no other medical procedure will accomplish that purpose.

(3) This section does not create a right to abortion.

(4) Notwithstanding any other provision of this section, a person shall not perform an abortion that is prohibited by law.

(5) As used in this section:

(a) "Abortion" means the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. Abortion does not include a procedure to complete a spontaneous abortion or the use or prescription of a drug or device intended as a contraceptive.

(b) "Fetus" means an individual organism of the species homo sapiens at any time before complete delivery from a pregnant woman.

(c) "Partial-birth abortion" means an abortion in which the physician or individual acting under the delegatory authority of the physician performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery.

History: Add. 1996, Act 273, Eff. Mar. 31, 1997.

Popular name: Act 368

333.17018 Needle electromyography; performance by licensed physician; delegation; nerve conduction tests; performance of electrodiagnostic studies by physical therapist, podiatrist, or chiropractor; payment.

Sec. 17018. (1) Except as otherwise provided under this section, only an individual who is licensed as a physician shall perform needle electromyography or interpret nerve conduction tests. A physician shall not delegate the interpretation of nerve conduction tests to another individual unless that individual is licensed under this article to engage in the practice of medicine or osteopathic medicine and surgery. A physician shall not delegate the performance of needle electromyography to another individual unless that individual is licensed under this article to engage in the practice of medicine or osteopathic medicine and surgery or that individual is otherwise authorized under this section.

(2) In accordance with section 16215, a physician may delegate the performance of nerve conduction tests to a licensed or unlicensed individual who is otherwise qualified by education, training, or experience if those tests are conducted under the direct supervision of a physician.

(3) A physical therapist who is licensed under this article and certified by the American board of physical therapy specialties as an electrophysiologic clinical specialist on the effective date of this section may perform electrodiagnostic studies that are to be interpreted by a physician if he or she has been performing electrodiagnostic studies in this state on a consistent basis within the 5 years immediately preceding the effective date of this section. A physical therapist who is licensed under this article but is not certified by the American board of physical therapy specialties as an electrophysiologic clinical specialist on the effective date of this section and who has been performing electrodiagnostic studies in this state on a consistent basis since before May 1, 2001 may continue to perform electrodiagnostic studies that are to be interpreted by a physician as long as he or she becomes certified by the American board of physical therapy specialties as an electrophysiologic clinical specialist by December 31, 2007. As used in this subsection, "consistent basis" means at a minimum an annual average of 10 electrodiagnostic studies each month.

(4) A podiatrist who is licensed under this article and has successfully completed additional training in the performance and interpretation of electrodiagnostic studies that is satisfactory to his or her respective board may conduct electrodiagnostic studies that are within his or her scope of practice.

(5) A chiropractor who is licensed under this article and has successfully completed additional training in the performance and interpretation of electrodiagnostic studies that is satisfactory to his or her respective board may conduct nerve conduction tests that are within his or her scope of practice.

(6) This section does not require new or additional third party reimbursement or mandated worker's compensation benefits for services rendered by an individual authorized to conduct electrodiagnostic studies under this section.

History: Add. 2005, Act 264, Eff. Mar. 30, 2006.

Popular name: Act 368

333.17020 Genetic test; informed consent.

Sec. 17020. (1) Except as otherwise provided for a test performed under section 5431 and except as otherwise provided by law, beginning upon the expiration of 6 months after the effective date of the amendatory act that added this section, a physician or an individual to whom the physician has delegated authority to perform a selected act, task, or function under section 16215 shall not order a presymptomatic or predictive genetic test without first obtaining the written, informed consent of the test subject, pursuant to this section.

(2) For purposes of subsection (1), written, informed consent consists of a signed writing executed by the test subject or the legally authorized representative of the test subject that confirms that the physician or the individual acting under the delegatory authority of the physician has explained, and the test subject or the legally authorized representative of the test subject understands, at a minimum, all of the following:

(a) The nature and purpose of the presymptomatic or predictive genetic test.

(b) The effectiveness and limitations of the presymptomatic or predictive genetic test.

(c) The implications of taking the presymptomatic or predictive genetic test, including, but not limited to, the medical risks and benefits.

(d) The future uses of the sample taken from the test subject in order to conduct the presymptomatic or predictive genetic test and the information obtained from the presymptomatic or predictive genetic test.

(e) The meaning of the presymptomatic or predictive genetic test results and the procedure for providing notice of the results to the test subject.

(f) Who will have access to the sample taken from the test subject in order to conduct the presymptomatic or predictive genetic test and the information obtained from the presymptomatic or predictive genetic test, and the test subject's right to confidential treatment of the sample and the information.

(3) Within 6 months after the effective date of the amendatory act that added this section, the department of community health, in consultation with the Michigan board of medicine, the Michigan board of osteopathic medicine and surgery, at least 1 physician who is board certified by the American board of medical genetics,

and appropriate professional organizations, shall develop and distribute a model informed consent form for purposes of this section that practitioners may adopt. The department of community health shall include in the model form at least all of the information required under subsection (2). The department of community health shall distribute the model form to physicians and other individuals subject to this section upon request and at no charge. The department of community health shall review the model form at least annually for 5 years after the first model form is distributed, and shall revise the model form if necessary to make the form reflect the latest developments in medical genetics.

(4) The department of community health, in consultation with the entities described in subsection (3), may also develop and distribute a pamphlet that provides further explanation of the information included in the model informed consent form.

(5) If a test subject or his or her legally authorized representative signs a copy of the model informed consent form developed and distributed under subsection (3), the physician or individual acting under the delegatory authority of the physician shall give the test subject a copy of the signed informed consent form and shall include the original signed informed consent form in the test subject's medical record.

(6) If a test subject or his or her legally authorized representative signs a copy of the model informed consent form developed and distributed under subsection (3), the test subject is barred from subsequently bringing a civil action for damages against the physician, or an individual to whom the physician delegated the authority to perform a selected act, task, or function under section 16215, who ordered the presymptomatic or predictive genetic test, based on failure to obtain informed consent for the presymptomatic or predictive genetic test.

(7) A physician's duty to inform a patient under this section does not require disclosure of information beyond what a reasonably well-qualified physician licensed under this article would know.

(8) Except as otherwise provided in subsection (9), as used in this section:

(a) "Genetic information" means information about a gene, gene product, or inherited characteristic which information is derived from a genetic test.

(b) "Genetic test" means the analysis of human DNA, RNA, chromosomes, and those proteins and metabolites used to detect heritable or somatic disease-related genotypes or karyotypes for clinical purposes. A genetic test must be generally accepted in the scientific and medical communities as being specifically determinative for the presence, absence, or mutation of a gene or chromosome in order to qualify under this definition. Genetic test does not include a routine physical examination or a routine analysis, including, but not limited to, a chemical analysis, of body fluids, unless conducted specifically to determine the presence, absence, or mutation of a gene or chromosome.

(c) "Predictive genetic test" means a genetic test performed for the purpose of predicting the future probability that the test subject will develop a genetically related disease or disability.

(d) "Presymptomatic genetic test" means a genetic test performed before the onset of clinical symptoms or indications of disease.

(9) For purposes of subsection (8)(b), the term "genetic test" does not include a procedure performed as a component of biomedical research that is conducted pursuant to federal common rule under 21 C.F.R. parts 50 and 56 and 45 C.F.R. part 46.

History: Add. 2000, Act 29, Imd. Eff. Mar. 15, 2000.

Popular name: Act 368

333.17021 Michigan board of medicine; creation; membership; waiver; limitation on powers and duties.

Sec. 17021. (1) The Michigan board of medicine is created in the department and shall consist of the following 19 voting members who shall meet the requirements of part 161: 10 physicians, 1 physician's assistant, and 8 public members.

(2) The requirement of section 16135(d) that a board member shall have practiced that profession for 2 years immediately before appointment is waived until September 30, 1980 for members of the board licensed in a health profession subfield created by this part.

(3) The board of medicine shall not have the powers and duties vested in the task force by sections 17060 to 17084.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1993, Act 79, Eff. Apr. 1, 1994.

Popular name: Act 368

333.17025 Joint task force; creation; membership; waiver.

Sec. 17025. (1) A joint task force is created for the health profession subfields licensed under this part. The task force shall consist of the following 11 members, who shall meet the requirements of part 161: 1 member

each from the board of medicine, the board of osteopathic medicine and surgery, and the board of podiatric medicine and surgery holding a license other than a health profession subfield license, 5 physician's assistants, and 3 public members.

(2) The requirement of section 16135(d) that a task force member shall have practiced that profession for 2 years immediately before appointment is waived until October 1, 1980 for members of the board licensed in a health profession subfield created by this part.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1980, Act 146, Imd. Eff. June 5, 1980;—Am. 2006, Act 161, Eff. Nov. 26, 2006.

Popular name: Act 368

333.17026 Terms of office.

Sec. 17026. The terms of office of individual members of the board and task force created under this part, except those appointed to fill vacancies, expire 4 years after appointment on December 31 of the year in which the term expires.

History: Add. 2006, Act 385, Imd. Eff. Sept. 27, 2006.

Popular name: Act 368

333.17030 Clinical academic limited license; requirements; annual renewal; duration of practice.

Sec. 17030. (1) A clinical academic limited license granted by the board under section 16182(2)(c) for the practice of medicine shall require that the individual practice only for an academic institution and under the supervision of 1 or more physicians fully licensed under this part.

(2) A clinical academic limited license granted by the board under section 16182(2)(c) for the practice of medicine is renewable annually, but an individual shall not engage in the practice of medicine under 1 or more clinical academic limited licenses for more than 5 years.

History: Add. 1990, Act 248, Imd. Eff. Oct. 12, 1990.

Popular name: Act 368

333.17031 Condition for more than limited licensure; requirements for full license to practice medicine; filing and contents of written statement; civil or criminal liability; rebuttable presumption.

Sec. 17031. (1) Except as provided in subsection (2), an applicant, in addition to completing the requirements for the degree in medicine, shall complete a period of postgraduate education to attain proficiency in the practice of the profession, as prescribed by the board in rules, as a condition for more than limited licensure.

(2) The board may grant a full license to practice medicine to an applicant who has completed the requirements for a degree in medicine at a medical school located outside the United States or Canada if the applicant demonstrates to the board all of the following:

(a) That the applicant has engaged in the practice of medicine for not less than 10 years after completing the requirements for a degree in medicine.

(b) That the applicant has completed not less than 3 years of postgraduate clinical training in an institution that has an affiliation with a medical school that is listed in a directory of medical schools published by the world health organization as approved by the board.

(c) That the applicant has achieved a score determined by the board to be a passing score on an initial medical licensure examination approved by the board.

(d) That the applicant has safely and competently practiced medicine under a clinical academic limited license granted by the board under this article for 1 or more academic institutions located in this state for not less than the 2 years immediately preceding the date of application for a license under this subsection, during which time the applicant functioned not less than 800 hours per year in the observation and treatment of patients.

(3) An applicant under subsection (2) shall file with the board a written statement from each academic institution upon which the applicant relies to satisfy subsection (2)(d). The statement shall indicate, at a minimum, that the applicant functioned for the academic institution in the observation and treatment of patients not less than 800 hours per year and that in so doing the applicant practiced medicine safely and competently. A person who in good faith makes a written statement that is filed under this subsection is not civilly or criminally liable for that statement. There is a rebuttable presumption that a person who makes a written statement that is filed under this subsection has done so in good faith.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1990, Act 248, Imd. Eff. Oct. 12, 1990;—Am. 2002, Act 643, Imd. Eff. Dec. 23, 2002.

Popular name: Act 368

333.17033 Renewal of license; evidence required; completion of hours or courses in pain and symptom management as continuing education; rules.

Sec. 17033. (1) Notwithstanding the requirements of part 161, the board may require a licensee seeking renewal of a license to furnish the board with satisfactory evidence that during the 3 years immediately preceding application for renewal the licensee has attended continuing education courses or programs approved by the board totaling not less than 150 hours in subjects related to the practice of medicine including, but not limited to, medical ethics and designed to further educate licensees.

(2) As required under section 16204, the board shall promulgate rules requiring each applicant for license renewal to complete as part of the continuing education requirement of subsection (1) an appropriate number of hours or courses in pain and symptom management.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1986, Act 290, Imd. Eff. Dec. 22, 1986;—Am. 1994, Act 234, Imd. Eff. June 30, 1994.

Popular name: Act 368

333.17040-333.17047 Repealed. 1990, Act 247, Imd. Eff. Oct. 12, 1990.

Compiler's note: The repealed sections pertained to supervision or employment of physician's assistants.

Popular name: Act 368

333.17048 Limitation on number of physician's assistants supervised; prohibiting or restricting delegation of medical care service or requiring higher levels of supervision; delegation of ultimate responsibility prohibited; rules as to drugs; ordering, receiving, and dispensing complimentary starter dose drugs.

Sec. 17048. (1) Except as otherwise provided in this subsection and section 17049(5), a physician who is a sole practitioner or who practices in a group of physicians and treats patients on an outpatient basis shall not supervise more than 4 physician's assistants. If a physician described in this subsection supervises physician's assistants at more than 1 practice site, the physician shall not supervise more than 2 physician's assistants by a method other than the physician's actual physical presence at the practice site.

(2) A physician who is employed by, under contract or subcontract to, or has privileges at a health facility or agency licensed under article 17 or a state correctional facility may supervise more than 4 physician's assistants at the health facility or agency or state correctional facility.

(3) To the extent that a particular selected medical care service requires extensive medical training, education, or ability or pose serious risks to the health and safety of patients, the board may prohibit or otherwise restrict the delegation of that medical care service or may require higher levels of supervision.

(4) A physician shall not delegate ultimate responsibility for the quality of medical care services, even if the medical care services are provided by a physician's assistant.

(5) The board may promulgate rules for the delegation by a supervising physician to a physician's assistant of the function of prescription of drugs. The rules may define the drugs or classes of drugs the prescription of which shall not be delegated and other procedures and protocols necessary to promote consistency with federal and state drug control and enforcement laws. Until the rules are promulgated, a supervising physician may delegate the prescription of drugs other than controlled substances as defined by article 7 or federal law. When delegated prescription occurs, both the physician's assistant's name and the supervising physician's name shall be used, recorded, or otherwise indicated in connection with each individual prescription.

(6) A supervising physician may delegate in writing to a physician's assistant the ordering, receipt, and dispensing of complimentary starter dose drugs other than controlled substances as defined by article 7 or federal law. When the delegated ordering, receipt, or dispensing of complimentary starter dose drugs occurs, both the physician's assistant's name and the supervising physician's name shall be used, recorded, or otherwise indicated in connection with each order, receipt, or dispensing. As used in this subsection, "complimentary starter dose" means that term as defined in section 17745. It is the intent of the legislature in enacting this subsection to allow a pharmaceutical manufacturer or wholesale distributor, as those terms are defined in part 177, to distribute complimentary starter dose drugs to a physician's assistant, as described in this subsection, in compliance with section 503(d) of the federal food, drug, and cosmetic act, chapter 675, 52 Stat. 1051, 21 U.S.C. 353.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1986, Act 174, Imd. Eff. July 7, 1986;—Am. 1990, Act 247, Imd. Eff. Oct. 12, 1990;—Am. 1996, Act 355, Imd. Eff. July 1, 1996.

Compiler's note: Section 3 of Act 174 of 1986 provides: "This amendatory act shall only apply to contested cases filed on or after July 1, 1986."

Popular name: Act 368

Administrative rules: R 338.6101 et seq. of the Michigan Administrative Code.

333.17049 Responsibilities of physician supervising physician's assistant.

Sec. 17049. (1) In addition to the other requirements of this section and subject to subsection (5), a physician who supervises a physician's assistant is responsible for all of the following:

- (a) Verification of the physician's assistant's credentials.
- (b) Evaluation of the physician's assistant's performance.
- (c) Monitoring the physician's assistant's practice and provision of medical care services.

(2) Subject to section 17048, a physician who supervises a physician's assistant may delegate to the physician's assistant the performance of medical care services for a patient who is under the case management responsibility of the physician, if the delegation is consistent with the physician's assistant's training.

(3) A physician who supervises a physician's assistant is responsible for the clinical supervision of each physician's assistant to whom the physician delegates the performance of medical care service under subsection (2).

(4) Subject to subsection (5), a physician who supervises a physician's assistant shall keep on file in the physician's office or in the health facility or agency or correctional facility in which the physician supervises the physician's assistant a permanent, written record that includes the physician's name and license number and the name and license number of each physician's assistant supervised by the physician.

(5) A group of physicians practicing other than as sole practitioners may designate 1 or more physicians in the group to fulfill the requirements of subsections (1) and (4).

(6) Notwithstanding any law or rule to the contrary, a physician is not required to countersign orders written in a patient's clinical record by a physician's assistant to whom the physician has delegated the performance of medical care services for a patient.

History: Add. 1990, Act 247, Imd. Eff. Oct. 12, 1990;—Am. 2004, Act 512, Imd. Eff. Jan. 3, 2005.

Popular name: Act 368

333.17050 Supervision prohibited; grounds.

Sec. 17050. In addition to its other powers and duties under this article, the board may prohibit a physician from supervising 1 or more physician's assistants for any of the grounds set forth in section 16221 or for failure to supervise a physician's assistant in accordance with this part and rules promulgated under this part.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1990, Act 247, Imd. Eff. Oct. 12, 1990.

Popular name: Act 368

Administrative rules: R 338.6101 et seq. of the Michigan Administrative Code.

333.17054 Criteria for licensure of physician's assistants and for evaluation of training programs; recommendations.

Sec. 17054. The board shall make written recommendations on criteria for the licensure of physician's assistants and on criteria for the evaluation of physician's assistants' training programs to the task force on physician's assistants.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.17056 Exception.

Sec. 17056. This part does not apply to a student in training to become a physician's assistant while performing duties assigned as part of the training.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.17058 Repealed. 1993, Act 79, Eff. Apr. 1, 1994.

Compiler's note: The repealed section pertained to powers and duties of task force.

Popular name: Act 368

333.17060 Duties of task force.

Sec. 17060. The task force shall:

(a) Promulgate rules necessary for the implementation of its powers and duties and may perform the acts and make the determinations necessary for the proper implementations of those powers and duties.

(b) Promulgate rules to establish the requirements for the education, training, or experience of physician's

assistants for licensure in this state. The requirements shall take into account nationally recognized standards for education, training, and experience and the desired utilization of physician's assistants.

(c) Develop and make public guidelines on the appropriate delegation of functions to and supervision of physician's assistants according to the level of education, training, or experience of physician's assistants. The guidelines are not binding, but shall serve to explain how the task force's training criteria coincides with the board's expectation for delegation to and supervision of physician's assistants by physicians.

(d) Direct the department to issue licenses to applicants who meet the requirements of this part and the rules promulgated under this part for practice and use of the title of physician's assistant.

(e) Promulgate rules to establish criteria for the evaluation of programs for the education and training of physician's assistants for the purpose of determining whether graduates of the programs have the knowledge and skills requisite for practice and use of the title physician's assistant in this state as defined by this part and the rules promulgated under this part. The criteria established shall be substantially consistent with nationally recognized standards for the education and training of physician's assistants. Until the criteria are established, the criteria developed by the advisory commission on physician's assistants shall remain in effect. The task force shall consider and may use where appropriate the criteria established by professional associations, education accrediting bodies, or governmental agencies. In establishing criteria for the evaluation of education and training programs, the task force may seek the advice of the boards and the department of education.

(f) Make written recommendations to the boards concerning the rules to be developed for approval by the boards of physicians to supervise physician's assistants, including recommendations for appropriate utilization of physician's assistants by level of preparation where appropriate.

(g) File an annual report with the department and the boards containing matters prescribed by the department and boards.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1980, Act 59, Imd. Eff. Apr. 1, 1980;—Am. 1986, Act 290, Imd. Eff. Dec. 22, 1986;—Am. 1990, Act 247, Imd. Eff. Oct. 12, 1990.

Popular name: Act 368

Administrative rules: R 338.6101 et seq. of the Michigan Administrative Code.

333.17062 Applicant for licensure as physician's assistant; qualifications.

Sec. 17062. An applicant for licensure as a physician's assistant shall meet the requirements of section 16174(a), (b), and (d) and be a graduate of a program for the training of physician's assistants approved by the task force or be a licensed, certified, registered, approved, or other legally recognized physician's assistant in another state with qualifications substantially equivalent to those established by the task force.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1980, Act 146, Imd. Eff. June 5, 1980;—Am. 1986, Act 174, Imd. Eff. July 7, 1986.

Compiler's note: Section 3 of Act 174 of 1986 provides: "This amendatory act shall only apply to contested cases filed on or after July 1, 1986."

Popular name: Act 368

333.17064 Applicant for licensure as physician's assistant; examination required; waiver; nature of examination; use of national examination; discrimination prohibited; reciprocity; investigation; additional documentation or information.

Sec. 17064. (1) To determine whether an applicant for initial licensure has the appropriate level of skill and knowledge as required by this part, the task force shall require the applicant to submit to an examination which shall include those subjects the general knowledge of which is commonly and generally required of a graduate of an accredited physician's assistants' program in the United States. The task force may waive the examination requirement for a graduate of an approved program if the applicant has taken a national examination and achieved a score acceptable to the task force as demonstrating the level of skill and knowledge required by this part. The task force may waive the examination for an applicant who is licensed, certified, registered, approved, or otherwise legally recognized as a physician's assistant in another state, when the task force determines that the other state has qualifications, including completion of a national or state approved examination for physician's assistants, that are substantially equivalent to those established by this part.

(2) The nature of an examination shall be determined by the task force and may include the use and acceptance of national examinations where appropriate. The use of examinations or the requirements for successful completion shall not permit discriminatory treatment of applicants.

(3) The task force shall provide for the recognition of the certification or experience consistent with this part acquired by physician's assistants in other states who wish to practice in this state.

(4) The task force may cause an investigation to be conducted when necessary to determine the

qualifications of an applicant for licensure. An applicant may be required to furnish additional documentation and information upon a determination by the task force that the documentation or information is necessary to evaluate the applicant's qualifications.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1986, Act 174, Imd. Eff. July 7, 1986.

Compiler's note: Section 3 of Act 174 of 1986 provides: "This amendatory act shall only apply to contested cases filed on or after July 1, 1986."

Popular name: Act 368

333.17066 Standards and decisions regarding qualifications of physician's assistants; design.

Sec. 17066. The standards and decisions regarding the qualifications of physician's assistants shall be designed to determine that each physician's assistant has the necessary knowledge and skill to perform in a safe and competent manner with due regard to the complexity and risks attendant to activities that may be delegated by a physician or podiatrist to a physician's assistant.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1986, Act 290, Imd. Eff. Dec. 22, 1986;—Am. 1990, Act 247, Imd. Eff. Oct. 12, 1990;—Am. 2006, Act 161, Eff. Nov. 26, 2006.

Popular name: Act 368

333.17068 Application by physician's assistant for licensure or renewal of licensure; form; requirements for relicensing; standards; temporary license.

Sec. 17068. (1) A physician's assistant shall apply for licensure or renewal of licensure on a form provided by the department.

(2) A physician's assistant who has failed to renew a license may be relicensed upon showing that he or she meets the current requirements for licensure set forth in this part and rules promulgated under this part. In relicensing an individual under this section, the task force may establish standards for training, education, or experience equivalent to current educational and practice requirements. A temporary license under section 17072 may be issued pending the results of action taken under this subsection.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1988, Act 462, Eff. Sept. 1, 1989.

Popular name: Act 368

Administrative rules: R 388.6101 et seq. of the Michigan Administrative Code.

333.17070 Granting renewal; notice of denial; right to hearing.

Sec. 17070. (1) If the applicant meets the requirements for renewal as set forth in this part or rules promulgated under this part, the task force shall direct the board to grant a renewal.

(2) If an applicant is determined by the task force not to have met the requirements for renewal, the applicant shall be notified in writing of the reasons for denial and shall have the right to a hearing.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.17072 Certificate of licensure, temporary licensure, or renewal; issuance; contents; interim licensure; nonrenewable temporary license; display; pocket card; identification.

Sec. 17072. (1) A certificate of licensure, temporary licensure, or renewal shall be issued by the department to an applicant who is granted licensure, temporary licensure, or renewal. A certificate issued under this part shall contain the full name of the individual licensed, a permanent individual number, and the date of expiration.

(2) The task force shall direct the board to grant interim licensure to an unlicensed individual who was employed as a physician's assistant on December 29, 1977, to be effective until the task force formally issues or denies a license to the physician's assistant pursuant to this part and the rules promulgated under this part. During this period the task force may direct the board to grant interim licensure to a new applicant who has graduated from a program training physician's assistants.

(3) The task force may direct the board to grant a nonrenewable temporary license to an applicant who meets all requirements for licensure except examination, if required. The task force shall make its decision within 30 days after submission of a complete application or the conclusion of a department investigation, whichever is later. The temporary license shall be valid for a period determined by the task force, but not to exceed 1 year, or until the results of a required examination are made available, whichever is sooner. The department shall issue a certificate of temporary licensure within 15 days after the board grants the license.

(4) A physician's assistant licensed under this part shall publicly display the current certificate of licensure, temporary license, or renewal permanently in that individual's place of practice, if feasible, and shall have

available for inspection a pocket card issued by the department containing the essential information of the license. While working, the individual shall wear appropriate identification, clearly indicating that the individual is a physician's assistant.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1978, Act 625, Imd. Eff. Jan. 6, 1979.

Popular name: Act 368

333.17074 Prohibited undertakings, representations, and services by physician's assistant; permissible services; acting under supervision of supervising podiatrist.

Sec. 17074. (1) A physician's assistant shall not undertake or represent that he or she is qualified to undertake provision of a medical care service that he or she knows or reasonably should know to be outside his or her competence or is prohibited by law.

(2) A physician's assistant shall not:

(a) Perform acts, tasks, or functions to determine the refractive state of a human eye or to treat refractive anomalies of the human eye, or both.

(b) Determine the spectacle or contact lens prescription specifications required to treat refractive anomalies of the human eye, or determine modification of spectacle or contact lens prescription specifications, or both.

(3) A physician's assistant may perform routine visual screening or testing, postoperative care, or assistance in the care of medical diseases of the eye under the supervision of a physician.

(4) A physician's assistant acting under the supervision of a podiatrist shall only perform those duties included within the scope of practice of that supervising podiatrist.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1990, Act 247, Imd. Eff. Oct. 12, 1990;—Am. 2006, Act 161, Eff. Nov. 26, 2006.

Popular name: Act 368

333.17076 Medical care services by physician's assistant; supervision required; exception; medical care setting required; making calls or going on rounds; prescribing drugs; indicating name of supervising physician; ordering, receiving, and dispensing complimentary starter dose drugs.

Sec. 17076. (1) Except in an emergency situation, a physician's assistant shall provide medical care services only under the supervision of a physician or properly designated alternative physician, and only if those medical care services are within the scope of practice of the supervising physician and are delegated by the supervising physician.

(2) A physician's assistant shall provide medical care services only in a medical care setting where the supervising physician regularly sees patients. However, a physician's assistant may make calls or go on rounds under the supervision of a physician in private homes, public institutions, emergency vehicles, ambulatory care clinics, hospitals, intermediate or extended care facilities, health maintenance organizations, nursing homes, or other health care facilities to the extent permitted by the bylaws, rules, or regulations of the governing facility or organization, if any.

(3) A physician's assistant may prescribe drugs as a delegated act of a supervising physician, but shall do so only in accordance with procedures and protocol for the prescription established by rule of the appropriate board. Until the rules are promulgated, a physician's assistant may prescribe a drug other than a controlled substance as defined by article 7 or federal law, as a delegated act of the supervising physician. When delegated prescription occurs, the supervising physician's name shall be used, recorded, or otherwise indicated in connection with each individual prescription so that the individual who dispenses or administers the prescription knows under whose delegated authority the physician's assistant is prescribing.

(4) A physician's assistant may order, receive, and dispense complimentary starter dose drugs other than controlled substances as defined by article 7 or federal law as a delegated act of a supervising physician. When the delegated ordering, receipt, or dispensing of complimentary starter dose drugs occurs, the supervising physician's name shall be used, recorded, or otherwise indicated in connection with each order, receipt, or dispensing so that the individual who processes the order or delivers the complimentary starter dose drugs or to whom the complimentary starter dose drugs are dispensed knows under whose delegated authority the physician's assistant is ordering, receiving, or dispensing. As used in this subsection, "complimentary starter dose" means that term as defined in section 17745. It is the intent of the legislature in enacting this subsection to allow a pharmaceutical manufacturer or wholesale distributor, as those terms are defined in part 177, to distribute complimentary starter dose drugs to a physician's assistant, as described in this subsection, in compliance with section 503(d) of the federal food, drug, and cosmetic act, chapter 675, 52 Stat. 1051, 21 U.S.C. 353.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1990, Act 247, Imd. Eff. Oct. 12, 1990;—Am. 1996, Act 355, Imd. Eff. July 1,

1996.

Popular name: Act 368

Administrative rules: R 338.6101 et seq. of the Michigan Administrative Code.

333.17078 Physician's assistant as agent of supervising physician or podiatrist; privileged communications; minimal standards.

Sec. 17078. (1) A physician's assistant is the agent of the supervising physician or supervising podiatrist. A communication made to a physician's assistant that would be a privileged communication if made to the supervising physician or supervising podiatrist is a privileged communication to the physician's assistant and the supervising physician or supervising podiatrist to the same extent as if the communication were made to the supervising physician or supervising podiatrist.

(2) A physician's assistant shall conform to minimal standards of acceptable and prevailing practice for the supervising physician or supervising podiatrist.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1990, Act 247, Imd. Eff. Oct. 12, 1990;—Am. 2006, Act 161, Eff. Nov. 26, 2006.

Popular name: Act 368

333.17082 Investigations and evaluations by task force; purpose; revision of criteria for education and training; continuation of program approval and criteria.

Sec. 17082. (1) The task force may conduct or cause to be conducted, investigations and evaluations necessary to determine whether a program meets the criteria established by this part and rules promulgated under this part.

(2) At times the task force determines appropriate, the task force may revise the criteria for the education and training of graduates to determine whether the graduates meet the requirements for practice and use of the title physician's assistant in this state.

(3) A program approval of the director of public health and the criteria developed or recommended by the physician's assistant's advisory commission permitted under section 20 of former Act No. 420 of the Public Acts of 1976 shall be continued for the duration of its initial approval, unless disapproved by the task force.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: Act 420 of 1976, referred to in this section, was repealed by Act 368 of 1978 .

Popular name: Act 368

333.17084 Register of programs; contents; public inspection.

Sec. 17084. The department shall keep a register of programs meeting the criteria established by the task force. The register of programs shall include the full title of the program, the institution of which it is a part, and its address. A copy of the register or the information contained in the register shall be available for public inspection.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.17086-333.17088 Repealed. 1993, Act 79, Eff. Apr. 1, 1994.

Compiler's note: The repealed sections pertained to procedures for maintaining disciplinary action; denying, suspending, limiting, or revoking a license or renewal; examinations; hearings; and application for reinstatement.

Popular name: Act 368